DOCUMENT RESUME

ED 044 648 AC 008 859

AUTHOR Dutton, Donnie
TITLE Leadership Training for Public Health Workers in North Carolina: An Evaluative Study.
INSTITUTION American Public Health Association, Birmingham, Ala. Southern Branch.
PUB DATE Jul 68
NOTE 78p.

EDRS PRICE EDRS Price MF-$0.50 HC-$4.00
DESCRIPTORS Age Differences, Educational Background, Experience, Facilities, Females, Knowledge Level, *Leadership Training, Males, Occupations, Organizations (Groups), Participant Satisfaction, *Professional Continuing Education, *Program Evaluation, *Public Health, Social Relations
IDENTIFIERS North Carolina

ABSTRACT

Part of a larger professional continuing education effort (See AC 008 840), this series of ten leadership training sessions for public health workers was evaluted for overall effectiveness. All participants (201 local and 38 State Board of Health personnel) were surveyed by questionnaire and evaluation scale. Relationships were sought between evaluations by participants and selected personal characteristics. Only four of these variables--sex, formal education, occupation or discipline, and location of sessions--were significantly associated with the stated value of the training sessions. Age differences, number of friends, affiliation (state or local), years of experience in public health, and previous knowledge of leadership methods and techniques all proved insignificant. Recommendations were offered on trainee selection, group size, preparation of group leaders, followup training, and other aspects of program planning. (The document includes the questionnaire, a rating scale, and nine other appendixes.) (LY)

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ED044648

LEADERSHIP TRAINING FOR PUBLIC HEALTH WORKERS IN NORTH CAROLINA: AN EVALUATIVE STUDY

Southern Branch
The American Public Health Association
Birmingham, Alabama

July, 1968

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By

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Birmingham, Alabama

July, 1968

ACKNOWLEDGMENTS

The writer is greatly indebted to a large number of persons, too numerous to name individually, for their cooperation in making this study possible. Some of these will receive personal recognition in various sections of the study and will not be repeated here. However, in general, appreciation is acknowledged to the North Carolina State Board of Health, University of North Carolina, Local Health Departments in North Carolina, Community Colleges and Technical Institutes in North Carolina, and the Southern Branch of The American Public Health Association, Birmingham, Alabama for their cooperation and assistance, resulting in the culmination of this endeavor.

A special vote of thanks is due Dr. Jacob Koomen, State Health Director, and Dr. Burns Jones, Assistant State Health Director, both of whom have been ardent supporters of the project; Dr. Corrina Sutton, Training Officer for the State Board of Health, who has shared in the responsibility of the project; Dr. Ralph Boatman, Head of the Department of Health Education, School of Public Health, University of North Carolina, who has been so understanding in regards to the amount of time the project has required; and Dr. Albert Hardy, Project Director for the Southern Branch of The American Public Health Association, for his constant encouragement and guidance.

Finally, the writer is indeed grateful to his wife, Libby, and Mrs. Rose Ann Johnson, Project Secretary, Southern Branch of The American Public Health Association, for the typing of the manuscript.

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CHAPTER I

INTRODUCTION

Background

Since this is a report to be submitted to individuals who have been concerned with the continuing education project[1] for sometime, it will be assumed that these individuals are well informed as to the background and history of the project. It will also be assumed that these same individuals are also aware of the primary components of the continuing education project (television, study manual, and group discussion period). An assumption is further made that these individuals are also aware of the importance of and the need for the training of group discussion leaders in connection with the project. Therefore this type of background information would only be repetitious and will be omitted. Due to these assumptions, many of the explanations that would be necessary in order for the "uninformed reader" to comprehend will be omitted throughout this study. However, an attempt will be made to follow

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[1] The Continuing Education Project sponsored by the Southern Branch of The American Public Health Association in cooperation with the North Carolina State Board of Health and the School of Public Health, University of North Carolina.

some type of research design although it will deviate somewhat from a scholarly, academic research study.

Statement of the Problem

Short-term educational activities are constantly being planned and conducted by many institutions and agencies, public health included. In order to provide a sound basis for future planning, evaluation of these sessions must become a key component. The purpose of this study was to determine the over-all effectiveness of the public health leadership training sessions conducted in North Carolina during February and March, 1968.

Methodology

Source of Data

A committee, comprised of individuals from the State Board of Health and the School of Public Health, University of North Carolina who were felt to be familiar with a majority of the public health workers in the local departments, was appointed (See Appendix A). The committee was convened for the purpose of recommending persons from each local health department to receive leadership training, subject to the approval of the Local Health Officer. A list of the local health departments' employees and their positions was provided to the committee members to aid in their recommendations. Certain criteria were suggested as guidelines for selecting the potential trainees; however, due to the complexities involved, these

were largely ignored, and selections were made on the basis of agreement among the committee members as to who "might get the job done."

It was felt that the group discussion size in the local departments should not exceed fifteen persons if at all possible. Therefore, the number selected from each county varied according to the size of the local health department but always enough to provide at least one trained group discussion leader for every fifteen employees.

It was necessary to control the number of participants attending any one session due to the factor of role-playing. Therefore, a decision was made to conduct ten of these sessions throughout the State of North Carolina--nine for local health departments and one for the State Board of Health (See Appendix B). A total of 239 persons from 81 counties participated in the leadership training. Thirty-eight of these were employees of the State Board of Health, and 201 were employees of local health departments.

Collection of Data

Two instruments were used to collect the data in this study. The first was an evaluation scale developed by Russell Kropp and Coolie Verner.[1] The second was a questionnaire developed

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[1]Russell Kropp and Coolie Verner, "An Attitude Scale Technique for Evaluating Meetings," Adult Education, Vol. VII, No. 4 (Summer, 1957), pp. 212-215.

by the Training Officer[1] for the North Carolina State Board of Health.

The evaluation scale was pretested on more than 200 public health employees in Alabama. The Questionnaire was not pretested.

It was decided that the evaluation forms should be administered by someone other than the faculty members (See Appendix C) directly involved in the training. It was felt that this would provide the participants with a better opportunity to reveal their frank opinions. Consequently, at the end of each training session, the participants were informed of this decision and why it was made. The Training Officer for the State Board of Health conducted the evaluation. The participants were told to read through all of the scale items and then to check only those items that described most accurately their reactions to the total training session. They were then asked to fill out the attached questionnaire. The third segment of the evaluation was the providing of a blank sheet of paper to each participant. They were instructed to write down anything they chose, good or bad, concerning the training they had just received. No names were collected on any of these forms.

The data obtained were coded and punched on data processing cards and analyzed using the facilities of the Public Health Statistics

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[1]Corrina S. Sutton, Ph.D., M.P.H.

Section, Epidemiology Division of the North Carolina State Board of Health (See Appendix D).

Description of Dependent Variable

The dependent variable in this study was the degree of value of the training sessions, as rated by the participants. This was determined through the use of a scale developed by Kropp and Verner.[1] This scale consisted of twenty items arranged in rank order of value, with item number one being the best thing that could be checked about the program, item number two, the second best, and so on, with item number twenty being the least favorable response.

A median score value was determined for each of these twenty items by Kropp and Verner. This ranged from 1.13 for item number one to 10.89 for item number twenty. The closer a participant's score approximated 1.13, the higher the rating for the training session. When this scale was administered to the trainees in North Carolina, the scores ranged from 1.69 to 5.61. The most favorable score placed the value of the training at item number two, and the least favorable score at item number nine on the scale. The mean score for all 239 participants was 3.47, which placed the value of the leadership training at item number five.

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[1] Ibid.

As can be deduced from this and from the summary sheet of the Kropp-Verner evaluation of all participants (See Appendix E), the overall reaction to the training sessions was very favorable. This was also born out by the written comments received (See Appendix F). Based on this, a decision was made to divide the Kropp-Verner scores into two groups (high and very high), with the resulting categories being as equally divided as possible. It was felt that this would provide a relative measure of the degree of expressed value of the leadership training suitable for the purpose of comparative analysis in this study. This resulted in the following groupings:

1. High: Those participants scoring 3.40 or more. This comprised 119 participants.

2. Very High: Those participants scoring less than 3.40. This comprised 120 participants.

Statistical Technique

Statistical association between variables was examined by means of the chi-square test of significance. This is a standard test used to determine whether empirically obtained cell frequencies differ significantly from the theoretical cell frequencies that one should expect to obtain, given any set of row and column variables.[1]

It was decided to accept the .05 level as the criterion level that any test of significance must meet before the null hypotheses would be rejected. That is, in any chi-square test,

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[1]George A. Ferguson, Statistical Analysis in Psychology and Education (New York: McGraw-Hill Book Company, Inc., 1959), p. 166.

the difference between the observed and the expected frequencies must not have a probability of occurring purely by chance more than five times in one hundred or the association would be considered insignificant.

Hypothesis

The null hypothesis was developed that there is no association between the value of the leadership training and the following variables:

1. Sex of the Participants.
2. Age of the Participants.
3. Years of Experience of the Participants.
4. Number of Friends the Participants Had.
5. Formal Education of the Participants.
6. Previous Knowledge of Leadership Methods and Techniques by the Participants.
7. Professional Discipline of the Participants.
8. Location of Training Sessions by Order of Occurrence.
9. Whether Participants Were Local or State Employees.

CHAPTER II

PRESENTATION OF DATA[1]

The purpose of this chapter was to test the null hypothesis that there is no association between the value of the leadership training and the following independent variables: (1) sex; (2) age; (3) years of experience in public health; (4) number of friends; (5) formal education; (6) previous knowledge of leadership methods and techniques; (7) professional discipline; (8) location of training sessions by order of occurrence; and (9) whether participants were local or state employees. The format of this chapter will reflect these categories.

Sex

There was a significant association between sex and the value of the training as indicated by Table 1. Females were more inclined to rate the training higher than males. Approximately 57 per cent of the females were in the very high category as compared with 38.7 per cent of the males.

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[1]For a summary of the null hypotheses tested, including chi-square values, degrees of freedom, probability levels, and whether rejected, see Appendix G.

TABLE 1.--Degree of value of leadership training and sex of participants

Sex[a]	High		Very High		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Male	57	61.3	36	38.7	93	100.0
Female	63	43.2	83	56.8	146	100.0

[a]Significant

TABLE 2.--Degree of value of leadership training and age of participants

Age[a]	High		Very High		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Less than 30	17	60.7	11	39.3	28	100.0
30-39	30	51.7	28	48.3	58	100.0
40-49	46	48.9	48	51.1	94	100.0
50 and over	27	46.6	31	53.4	58	100.0

[a]Not significant

Age

There was no significant association between the age of the participants and the degree of value indicated towards the training (Table 2). There was a trend towards a higher degree of value being placed on the training as the age of the participants increased. Approximately 39 per cent of the participants less than 30 years old were in the very high category, and this increased gradually, with 53.4 per cent of those 50 years of age and older being in the same category. However, as stated previously, the results were not significant.

Years of Experience in Public Health

There was no significant association between the number of years of experience the participant had in the field of public health and the degree of value placed on the training as indicated by Table 3. There was a tendency towards a higher rating from those participants who had been public health employees the longest. Only 36.4 per cent of those participants with less than five years of public health experience gave the training a very high rating, while this steadily increased to the point that 55.6 per cent of the participants with twenty years or more of public health experience were in the same category. However, here again the results were not significant.

Number of Friends of the Participants

No statistical significant association was noted between the number of friends the participants stated that they had and their

TABLE 3.--Degree of value of leadership training and years of experience in public health work

Years[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Less than 5	28	63.6	16	36.4	44	100.0
5-9	30	50.8	29	49.2	59	100.0
10-19	38	46.3	44	53.7	82	100.0
20 and over	24	44.4	30	55.6	54	100.0

[a]Not significant

TABLE 4.--Degree of value of leadership training and number of friends of the participants

Number of Friends[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Very few	4	57.1	3	42.9	7	100.0
Quite a few	42	52.5	38	47.5	80	100.0
Many	65	46.8	74	53.2	139	100.0

[a]Not significant

TABLE 5.--Degree of value of leadership training and formal education of participants

Formal Education[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
College degree	73	58.9	51	41.1	124	100.0
No college degree	47	40.9	68	59.1	115	100.0

[a] Significant

indicated degree of value of the leadership training (Table 4). There was a trend towards a higher degree of value being placed on the training as the number of friends increased. Approximately 42.9 per cent of those participants with very few friends were in the very high category, while 53.2 per cent of the participants with many friends did likewise.

Formal Education

There was a significant association between the degree of value placed on the leadership training and the formal education of the participants as indicated by Table 5. Those participants who did not possess a college degree rated the training higher than those who did have one. Approximately 59 per cent of those without a college degree were in the very high category, while this dropped to 41.1 per cent for those with a college degree.

Previous Knowledge of Leadership Methods and Techniques

There was no significant association between the value of the leadership training and the participants' previous knowledge of leadership methods and techniques (Table 6). There was a slight tendency towards a higher degree of value as previous knowledge decreased. Forty-six per cent of those who had received academic training in this area were in the very high category, while 51.4 per cent of those participants with little or no training were the same.

TABLE 6.--Degree of value of leadership training and previous knowledge of leadership methods and techniques

Previous Knowledge[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Academic course	27	54.0	23	46.0	50	100.0
Short course	37	50.0	37	50.0	74	100.0
Little or no knowledge	54	48.6	57	51.4	111	100.0

[a]Not significant

TABLE 7.--Degree of value of leadership training and professional discipline of the participants

Discipline[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Administration	13	61.9	8	38.1	21	100.0
Sanitation	37	56.9	28	43.1	65	100.0
Nursing	30	37.5	50	62.5	80	100.0
Scientist	5	31.2	11	68.8	16	100.0
Health Education	11	84.6	2	15.4	13	100.0
Secretary	16	51.6	15	48.4	31	100.0
Other	8	61.5	5	38.5	13	100.0

[a]Significant

Professional Discipline

A statistically significant association was noted between the value of the leadership training and professional discipline of the participants as indicated by Table 7. Nurses and scientists tended to rate it very high, while administrators, sanitarians, health educators, and others rated it less favorably. Secretaries were about evenly divided in their reaction to the training, with a slight tendency to rate it in the high category rather than very high. It was noted that only 15.4 per cent of the health educators gave it a very high rating.

Location of Training Sessions in Order of Occurrence

A significant association was found between the value of the leadership training and the location of the training session. Table 8 presents these in order of occurrence. The first and the last sessions were given the best rating. The session at Davidson County Community College was given the lowest rating. There was an extreme feeling of hostility in this group because of a feeling of lack of involvement from the beginning of the Project. (This will be apparent if you view the written comments received from them in Appendix H). This was evident in other groups also but much more pronounced in this one. This may have contributed to the score. Also, too much emphasis was placed on the necessity for "moving along" due to lack of time.

As for the lower rating received at the College of the Albemarle, an unfortunate situation occurred. Just as the training session began, a series of trucks began unloading next year's supply

TABLE 8.--Degree of value of leadership training and location of training session in order of occurrence

Location[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Asheville-Buncombe Technical Institute	4	25.0	12	75.0	16	100.0
Caldwell County Technical Institute	14	58.3	10	41.7	24	100.0
Southeastern Community College	7	33.3	14	66.7	21	100.0
Davidson County Community College	19	76.0	6	24.0	25	100.0
Sandhills Community College	6	33.3	12	66.7	18	100.0
Central Piedmont Community College	19	63.3	11	36.7	30	100.0
Lenoir County Community College	10	38.5	16	61.5	26	100.0
College of the Albemarle	16	66.7	8	33.3	24	100.0
State Board of Health	22	57.9	16	42.1	38	100.0
Rockingham County Community College	3	17.6	14	82.4	17	100.0

[a]Significant

of coal by means of a motor driven conveyor beside the windows in the meeting room. This continued all day, and no other room was available; so the situation had to be tolerated. Again, this may have had some effect on the participant's reaction.

At Central Piedmont Community College, the room could not be darkened for the viewing of the films. Also, mix-ups occurred as to the availability of coffee and the movie projector. In addition, too much emphasis was placed on the necessity for moving along due to the lack of time.

No explanation is offered for the rating received from the State Board of Health or Caldwell County Technical Institute training sessions.

As Table 8 is viewed from top to bottom in order of occurrence, it is evident that there was no continuous improvement or decline in the ratings received. Rather, there was a constant intermingling of the high and very high ratings.

Local Health Personnel Versus State Personnel

There was no significant association between the value of the training sessions and whether the participants were from local health departments or the State Board of Health (Table 9). There was a tendency for the local health participants to react more favorably; however, as stated previously, the results were not significant.

TABLE 9.--Degree of value of leadership training and local health personnel versus state personnel

Personnel Status[a]	High		Very High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Local	98	48.8	103	51.2	201	100.0
State	22	57.9	16	42.1	38	100.0

[a]Not Significant

CHAPTER III

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Background

The purpose of this study was to evaluate the leadership training sessions provided for public health workers in North Carolina. This training was sponsored by the Southern Branch of The American Public Health Association in cooperation with the North Carolina State Board of Health and the School of Public Health, University of North Carolina.

Methodology

The data used in this study were obtained from public health workers who participated in the ten leadership training sessions in North Carolina during February and March, 1968. Nine of these were for local health department personnel, and one was for State Board of Health personnel. The participants were selected by a committee, subject to the approval of the local health officer.

The total population of those participants attending the sessions was used in this study. This consisted of 239 persons--201 from local health departments and 38 from the State Board of Health. Data were obtained through the use of an evaluation scale and a questionnaire. Data were analyzed using the facilities of the Public Health Statistics Section, Epidemiology Division, North Carolina State Board of Health.

The null hypothesis was developed that there was no significant association between the value of the leadership training and the following variables:

1. Sex of the Participants.
2. Age of the Participants.
3. Years of Experience of the Participants.
4. Number of Friends the Participants Had.
5. Formal Education of the Participants.
6. Previous Knowledge of Leadership Methods and Techniques by the Participants.
7. Professional Discipline of the Participants.
8. Location of Training Sessions by Order of Occurrence.
9. Whether Participants Were Local or State Employees.

The data were analyzed using the chi-square test of association. The .05 level was accepted as the level of confidence that would be necessary in order to reject the null hypothesis.

Findings

Of the nine variables associated with the dependent variable, only four were found to be significantly associated with the degree of value of the training sessions as stated by the participants. These were: (1) sex; (2) formal education; (3) professional discipline; and (4) location of the training sessions in order of occurrence. Therefore, based on the data presented in this study, the null hypothesis of no association between these variables and the value of the leadership training was rejected.

The five variables in which there was no significant association with the expressed value of the leadership training were:

(1) age; (2) years of experience in public health; (3) number of friends; (4) previous knowledge of leadership methods and techniques; and (5) whether the participants were employees of the local health departments or the State Board of Health.

In general, those participants who rated the leadership training the highest were: (1) females; (2) those without a college degree; (3) and employed as a nurse or scientist.

Conclusions

Based on the findings of this study, it seems reasonable to conclude that the leadership training provided for public health workers in North Carolina was successful. It was not too sophisticated as evidenced by the reactions of those with less than a college degree. Nor was it "pitched at too elementary a level" as evidenced by the reactions of those with college degrees.

Recommendations

Based on the experiences the writer had in connection with these training sessions, the following recommendations are offered for consideration in future leadership training connected with the project:

1. In cooperation with local health departments, the number of participants to be sent from each county should be determined. Then the individual health departments should select the ones to attend. The participants are then representing their groups rather than being singled out by a central committee that is withdrawn from the local scene.

2. Sufficient time should be allowed for properly informing the group leaders as to their role in the project and gaining their acceptance to serve. Hopefully, this would reduce some of the hostility that may arise due to their lack of involvement.

3. Some consideration should be given to procedures for more intensive involvement of the local health officers as to the purpose and content of the training sessions. This might alleviate some of the uncertainties and fears some have regarding "meddling in internal affairs" from outside sources.

4. The size of training group should be held to approximately twenty-five to thirty people if at all possible. However, the writer is cognizant of the fact that there are other variables that must be considered in making that decision. But it is felt that regardless of the group size, if role-playing is to be a part of the program, enough faculty members should be present to divide into smaller groups of a maximum of fifteen people, preferably around twelve. This would provide the participants a better opportunity for active involvement.

5. Extra care should be taken to insure that all physical arrangements are satisfactory. Particular emphasis needs to be given to insuring that the meeting room can be sufficiently darkened for proper film viewing, if films are to be used.

6. Some type of follow-up training is desirable. A decision needs to be made as to whether it would be better to give the present participants more "in-depth" training or give new participants the same training that the original group received. Some feedback is needed from the local health departments in this regard before a decision is made as to what action will be taken.

APPENDICES

APPENDIX A

COMMITTEE MEMBERS FOR THE SELECTION OF THE GROUP DISCUSSION LEADERS IN PUBLIC HEALTH

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APPENDIX B

LOCATION OF TRAINING SESSIONS IN ORDER OF OCCURRENCE, DATES HELD, NUMBER OF PERSONS PARTICIPATING, COUNTIES REPRESENTED, AND TRAINING INSTRUCTORS

1. Asheville - Buncombe Technical Institute
   Asheville, North Carolina
   February 26, 1968
   16 persons participating
   9 out of 16 counties represented
   Conducted by Donnie Dutton, Edward Collins, and Eugene Watson

2. Caldwell Technical Institute
   Lenoir, North Carolina
   March 4, 1968
   24 persons participating
   14 out of 14 counties represented
   Conducted by Donnie Dutton and Eugene Watson

3. Southeastern Community College
   Whiteville, North Carolina
   March 8, 1968
   21 persons participating
   8 out of 9 counties represented
   Conducted by Donnie Dutton and Edward Collins

4. Davidson County Community College
   Lexington, North Carolina
   March 14, 1968
   25 persons participating
   5 out of 5 counties represented
   Conducted by Donnie Dutton and Edward Collins

5. Sandhills Community College
   Southern Pines, North Carolina
   March 15, 1968
   18 persons participating
   10 out of 12 counties represented
   Conducted by Donnie Dutton and Edward Collins

6. Central Piedmont Community College
   Charlotte, North Carolina
   March 19, 1968
   30 persons participating
   5 out of 5 counties represented
   Conducted by Donnie Dutton and Edward Collins

7. Lenoir County Community College
   Kinston, North Carolina
   March 20, 1968
   26 persons participating
   10 out of 14 counties represented
   Conducted by Donnie Dutton and Edward Collins

8. College of the Albemarle
   Elizabeth City, North Carolina
   March 25, 1968
   24 persons participating
   12 out of 14 counties represented
   Conducted by Donnie Dutton and Edward Collins

9. State Board of Health
   Raleigh, North Carolina
   March 27, 1968
   38 persons participating
   Conducted by Donnie Dutton, Edward Collins, and Eugene Watson

10. Rockingham County Community College
    Wentworth, North Carolina
    March 28, 1968
    17 persons participating
    8 out of 11 counties represented
    Conducted by Donnie Dutton and Edward Collins

General Summary

Number of Counties in North Carolina	100
Number of Counties Represented	80
Number of Persons Participating	239

APPENDIX C

FACULTY MEMBERS PROVIDING GROUP LEADERSHIP TRAINING

Edward M. Collins, Ph.D.
Division of Speech
Department of English
School of Arts and Sciences
University of North Carolina
Chapel Hill, North Carolina

Donnie Dutton, Ph.D.
Department of Health Education
School of Public Health
University of North Carolina and
Director of Adult Education
Southern Branch of The American Public Health Association
Chapel Hill, North Carolina

Eugene R. Watson, Ph.D.
Department of Adult Education
School of Education
University of North Carolina
Chapel Hill, North Carolina

APPENDIX D

INDIVIDUALS COOPERATING IN ANALYSIS OF DATA

Glen A. Flinchum, Chief
Public Health Statistics Section
Epidemiology Division
State Board of Health
Raleigh, North Carolina

Joseph I. Bouchard, Supervisor
Data Processing Unit
Public Health Statistics Section
Epidemiology Division
State Board of Health
Raleigh, North Carolina

James R. Abernathy, Ph.D.
Assistant Professor of Biostatistics and
Consultant to State Board of Health
School of Public Health
University of North Carolina
Chapel Hill, North Carolina

Mrs. Theresa Blalock
Statistical Analyst
Public Health Statistics Section
Epidemiology Division
State Board of Health
Raleigh, North Carolina

APPENDIX E

SUMMARY OF THE TEN LEADERSHIP TRAINING SESSIONS FOR GROUP DISCUSSION LEADERS*

1. 55 It was one of the most rewarding experiences I have ever had.
2. 44 Exactly what I wanted.
3. 150 I hope we can have another one in the near future.
4. 191 It provided the kind of experience that I can apply to my own situation.
5. 212 It helped me personally.
6. 162 It solved some problems for me.
7. 205 I think it served its purpose.
8. 75 It had some merits.
9. 33 It was fair.
10. 5 It was neither very good nor very poor.
11. 1 I was mildly disappointed.
12. ____ It was not exactly what I needed.
13. 3 It was too general.
14. ____ I am not taking any new ideas away.
15. ____ It didn't hold my interest.
16. 1 It was much too superficial.
17. ____ I leave dissatisfied.
18. ____ It was very poorly planned.
19. ____ I didn't learn a thing.
20. ____ It was a complete waste of time.

*Kropp-Verner Evaluation Scale

SUMMARY OF RESPONSES FROM THE ASHEVILLE-BUNCOMEE TECHNICAL INSTITUTE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 5 It was one of the most rewarding experiences I have ever had.
2. 5 Exactly what I wanted.
3. 14 I hope we can have another one in the near future.
4. 15 It provided the kind of experience that I can apply to my own situation.
5. 16 It helped me personally.
6. 14 It solved some problems for me.
7. 8 I think it served its purpose.
8. 5 It had some merits.
9. 2 It was fair.
10. _____It was neither very good nor very poor.
11. _____I was mildly disappointed.
12. _____It was not exactly what I needed.
13. _____It was too general.
14. _____I am not taking any new ideas away.
15. _____It didn't hold my interest.
16. 1 It was much too superficial.
17. _____I leave dissatisfied.
18. _____It was very poorly planned.
19. _____I didn't learn a thing.
20. _____It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE CALDWELL TECHNICAL INSTITUTE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. __4__ It was one of the most rewarding experiences I have ever had.
2. __3__ Exactly what I wanted.
3. __15__ I hope we can have another one in the near future.
4. __17__ It provided the kind of experience that I can apply to my own situation.
5. __21__ It helped me personally.
6. __15__ It solved some problems for me.
7. __22__ I think it served its purpose.
8. __8__ It had some merits.
9. __2__ It was fair.
10. __1__ It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE SOUTHEASTERN COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 7 It was one of the most rewarding experiences I have ever had.
2. 5 Exactly what I wanted.
3. 14 I hope we can have another one in the near future.
4. 17 It provided the kind of experience that I can apply to my own situation.
5. 18 It helped me personally.
6. 14 It solved some problems for me.
7. 20 I think it served its purpose.
8. 5 It had some merits.
9. 3 It was fair.
10. 2 It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE DAVIDSON COUNTY COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. __4__ It was one of the most rewarding experiences I have ever had.
2. __1__ Exactly what I wanted.
3. __9__ I hope we can have another one in the near future.
4. __21__ It provided the kind of experience that I can apply to my own situation.
5. __20__ It helped me personally.
6. __15__ It solved some problems for me.
7. __21__ I think it served its purpose.
8. __9__ It had some merits.
9. __5__ It was fair.
10. _____ It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE SANDHILLS COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 8 It was one of the most rewarding experiences I have ever had.
2. 5 Exactly what I wanted.
3. 13 I hope we can have another one in the near future.
4. 18 It provided the kind of experience that I can apply to my own situation.
5. 18 It helped me personally.
6. 17 It solved some problems for me.
7. 17 I think it served its purpose.
8. 5 It had some merits.
9. 2 It was fair.
10. _____ It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE CENTRAL PIEDMONT COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. __3__ It was one of the most rewarding experiences I have ever had.
2. __6__ Exactly what I wanted.
3. __16__ I hope we can have another one in the near future.
4. __23__ It provided the kind of experience that I can apply to my own situation.
5. __24__ It helped me personally.
6. __14__ It solved some problems for me.
7. __26__ I think it served its purpose.
8. __10__ It had some merits.
9. __2__ It was fair.
10. _____ It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE LENOIR COUNTY COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 8 It was one of the most rewarding experiences I have ever had.
2. 5 Exactly what I wanted.
3. 19 I hope we can have another one in the near future.
4. 21 It provided the kind of experience that I can apply to my own situation.
5. 25 It helped me personally.
6. 19 It solved some problems for me.
7. 22 I think it served its purpose.
8. 7 It had some merits.
9. 5 It was fair.
10. _____ It was neither very good nor very poor.
11. _____ I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE COLLEGE OF THE ALBEMARLE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 5 It was one of the most rewarding experiences I have ever had.
2. 3 Exactly what I wanted.
3. 20 I hope we can have another one in the near future.
4. 16 It provided the kind of experience that I can apply to my own situation.
5. 21 It helped me personally.
6. 18 It solved some problems for me.
7. 21 I think it served its purpose.
8. 13 It had some merits.
9. 4 It was fair.
10. _____ It was neither very good nor very poor.
11. 1 I was mildly disappointed.
12. _____ It was not exactly what I needed.
13. _____ It was too general.
14. _____ I am not taking any new ideas away.
15. _____ It didn't hold my interest.
16. _____ It was much too superficial.
17. _____ I leave dissatisfied.
18. _____ It was very poorly planned.
19. _____ I didn't learn a thing.
20. _____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE STATE BOARD OF HEALTH TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 4 It was one of the most rewarding experiences I have ever had.
2. 6 Exactly what I wanted.
3. 17 I hope we can have another one in the near future.
4. 29 It provided the kind of experience that I can apply to my own situation.
5. 34 It helped me personally.
6. 24 It solved some problems for me.
7. 33 I think it served its purpose.
8. 12 It had some merits.
9. 8 It was fair.
10. 1 It was neither very good nor very poor.
11. 1 I was mildly disappointed.
12. ____ It was not exactly what I needed.
13. 2 It was too general.
14. ____ I am not taking any new ideas away.
15. ____ It didn't hold my interest.
16. ____ It was much too superficial.
17. ____ I leave dissatisfied.
18. ____ It was very poorly planned.
19. ____ I didn't learn a thing.
20. ____ It was a complete waste of time.

SUMMARY OF RESPONSES FROM THE ROCKINGHAM COMMUNITY COLLEGE LEADERSHIP TRAINING SESSION USING THE KROPP-VERNER EVALUATION SCALE

1. 7 It was one of the most rewarding experiences I have ever had.
2. 5 Exactly what I wanted.
3. 13 I hope we can have another one in the near future.
4. 14 It provided the kind of experience that I can apply to my own situation.
5. 15 It helped me personally.
6. 12 It solved some problems for me.
7. 15 I think it served its purpose.
8. 1 It had some merits.
9. _____It was fair.
10. 1 It was neither very good nor very poor.
11. _____I was mildly disappointed.
12. _____It was not exactly what I needed.
13. _____It was too general.
14. _____I am not taking any new ideas away.
15. _____It didn't hold my interest.
16. _____It was much too superficial.
17. _____I leave dissatisfied.
18. _____It was very poorly planned.
19. _____I didn't learn a thing.
20. _____It was a complete waste of time.

APPENDIX F

WRITTEN COMMENTS RECEIVED FROM THE PARTICIPANTS IN THE TEN LEADERSHIP TRAINING SESSIONS FOR PUBLIC HEALTH WORKERS IN NORTH CAROLINA*

Asheville-Buncombe Technical Institute

1. This was a real good way of getting public health people to express their ideas and to sort of lose their shyness.

2. Excellent--Much more time needed in preparation for leadership.

3. Need a short course or more training sessions.

4. It was very good. I am taking new ideas away. It did hold my interest.

5. It would be nice and helpful if we were all able to attend a session as group members. As Coordinator, I intend to try to mimeograph a memo to the staff which will help clarify the intent and function of the group session.

Caldwell Technical Institute

1. I had a fear but am willing to try. Hope we will be able to get the programs. Perhaps this will give me more confidence in myself.

2. This has given me much food for thought as well as posing problems of which I might have not been aware. Helped me personally as to some of the problems.

3. I think this was a very informative session and will be very useful to me as a leader. Without it, I know I would probably never (and may not) be able to carry through in my own department.

4. I thought the discussion program was very good. Will help evaluate the health program.

5. My health department accepted this program well. I feel it will be accepted even more after they understand what it is all about.

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*These comments were typed from the hand written sheets just as they were without any attempt to make editorial corrections.

My immediate reaction to the program was fear. As we went along, I gained confidence that I could carry this program through. If nothing comes of this program in North Carolina, I have certainly enjoyed being a part of it and have gained personally.

6. To me role playing is one of the best ways of learning. In the discussions today, with each one participating, it was educational. The leader gave some very corrective criticisms to each of the group leaders that helped each one of us. I feel that more of these programs should be given. With this in-service, I feel that we can go back to our health department with the "how" to lead discussion.

7. The day's instruction gave us some insight into good techniques for organizing or operating as a discussion group, with the leader doing as little in active discussion and getting members to do all the talking if possible. Also, some pitfalls for us to avoid in leading discussion group.

8. In my opinion, this program will be very helpful to any individual in public health and especially to me. Working in county government and representing an agency can be very hard tactfully, and any improvements I can make personally will not only help me but my co-workers as well. Good program! I hope it doesn't end here.

9. The program was very well planned. It is one which I feel is of interest to all disciplines of public health. As a result of having attended this session, I feel that I can more effectively function as a group leader. However, I feel that our department will encounter difficulty in obtaining television sets; and in some instances, I feel that certain staff personnel will show little interest in the program.

10. The continuing education program has been well received in our department. I think the program will help to bring the staff closer to each other's problems and bring about a better intra-staff working arrangement.

11. I feel that this would have been even a little more beneficial had we who attended known more of what to expect. Had we been sent a program this might have been helpful, although knowing that role playing was involved may have discouraged attendance. The idea of continuing education certainly will be beneficial to the health department staffs in keeping the members abreast of the changing times and more informed as to the various disciplines.

12. Very informative and covers the material needed for the continuing study course. High grade instructors and well coordinated.

13. I have learned from this study course some very important problems that come up in the role of being a leader. Also, methods of solving problems. A good course everyone should be exposed to.

14. I have gained new insights into group dynamics and group interaction, and I look forward to trying out some of the techniques demonstrated here today.

V

15. This was a very interesting program and one that I hope will have much value for me. I feel that I am, by nature, a poor leader, and I need all the help I can get to function in this capacity. I felt that Dr. Watson and Dr. Dutton did an excellent job. This could have been a dull day but was presented in such a way so that it was very interesting.

16. Very good program. Have gained insight into situations with which I have previously had shortcomings and difficulties.

17. There has been little interest from the department head. It will be beneficial to our department.

18. The way program is set up is good as it can reach many people at low cost. It should also develop some leadership potential.

19. This was a very good training course but as almost all I have attended, it was too brief.

20. I thought today's session was most beneficial. I think this afternoon's role-playing was very good in that I can learn more from experience than just reading or being lectured to on a subject.

21. This was great, but will it work without a staff and Health Director who has not had this in-service?

22. The experience is broadening in that I might be able to enter group discussions. Sure wish all health department employees could attend one of these sessions.

Southeastern Community College

1. No comment other than I have enjoyed this very much and hope I can attend another.

2. Not much has been said about this course in my department. Apathy means it will not be used.

3. I think it will be a valuable program for the local health departments not only for further education but to bring the different groups in the departments closer together.

4. An interesting meeting. Well lead by Dr. Collins and Dr. Dutton.

5. The program today was well planned. As the remark was made, it let us know what we don't know. Also learned a great deal on leadership.

6. Comments have been varied in our department--most very favorable. Much interest in this type of education.

Davidson County Community College

1. I have been in the field of public health twenty-eight years, and I find there is always something new to learn. I have thoroughly enjoyed this learning experience, and I think I will be able to improve my working relationship with the staff. I did not think I cared too much about this program; but after this training session today, I will be looking forward to the first class.

2. I feel that in our health department the preparation for this TV project was very poorly managed. Whether or not this is the fault of our local officials or the project coordinators, I do not know. Thus, I think that after coming to this training session today I have built up some interest that I hope to in turn give to the other staff members. I think the training session was very worthwhile, but it contained a lot of valuable information that had to be absorbed in such a short period of time.

3. The information and its presentation was of great interest; however, there was a great lack of time. Better organization in meeting place could have been utilized to improve the first impression of the session. Once the session was on its way, it progressed well. Thank you.

4. Better organization to receive group in A.M. would have helped. Don't keep repeating how far behind schedule you are and how much there is to cover in such a short time. Say it only once! Consider having another session after we have worked with our groups for the first series of sessions. More opportunity to practice would be helpful. Suggest some good reference material on group dynamics. Felt both men gave good material--presented it well.

5. I felt that I did not have adequate information about the background and the mechanics of the ETV prior to my attendance today. The lectures, films, and discussions were helpful to me indeed. I would have liked more role playing, because I thought that much was gained from our group session. I would have learned from the experience had I been a group leader. Perhaps a follow-up session would be helpful after we have actually experienced being a group leader. How were the leaders selected in the health departments? Could this not have been handled locally in order to promote professional growth and development at the staff level?

6. I definitely see the need for the ETV program since it will give those of us at local levels an opportunity to improve our relations with our fellow workers and citizens of the county; and at the same time, it will give us a closer insight into the other facets of public health that we seldom see. I hope to have repeat training course. Thanks.

7. I would rate program positively as very good; however, in the learning situation, would prefer not to be reminded frequently

of impossibility of covering subject. Would have liked more opportunity to role play. Thanks.

8. It was indeed a most rewarding experience for me to attend and take part in leadership workshop. The lectures by Dr. Dutton and Dr. Collins were excellent. Perhaps more information to the local staff members before any arrangements were made could have lessened tension and anxieties regarding ETV.

9. I think it was a very interesting program and am sorry we did not have more time to spend on it.

10. I feel that the one-day inservice training program might be sufficient for some of the group with degrees in supervision, education, etc.; however, those of us who have not had experience in past need more inservice training. I will admit this was the most rewarding and untiring meeting that I have attended. Thanks so much.

11. Since group dynamics is a skill of health educators, why have we neither seen nor heard from any personnel from the Health Education Section at N. C. State Board of Health? Good program but for minor confusion about physical arrangements.

12. Announcements regarding today's session should have been received much earlier as many of us had to cancel other commitments (which really started us off with a negative attitude). Did the planning group forget that the State Board of Health has a health education division whose staff could have made positive contributions to today's session?

13. If we could have had a meeting such as we had today as a point of information in the earliest part of this endeavor, it would have been most valuable. We have been beset by rumors, distrust, skepticism, and at times outright hostility toward this program, due entirely to lack of authoritative information. Our attitude has certainly rubbed off on our employees! Now that we have been informed as to what you are up to, I think we have shown that we are very enthusiastic. Good luck!

14. Would have liked to have more information prior to workshop. Could a member of group had charge of registration or was this your way of learning/contacting each person? Glad to have opportunity to meet in a community college. Appreciate opportunity to be a member of this training group. Please plan evaluation meeting at end or during this first series.

15. An excellent program! Well planned and presented and one which I believe will be a big help to all concerned. The only suggestion I have is that this type of program should be presented with more available time for a more complete development. In summary, what was presented was excellent, there just wasn't quite enough of it.

16. The time allotted to this course was minute in comparison to what is really needed, especially for one who has not had any formal

training in this field. The time that was involved, however, was spent very appropriately covering as much as practical. It was beneficial, and will give the baseline for further study.

17. Meeting should be for a minimum of 2 days. A meeting of program directors should be held prior to meeting in which group leaders are trained.

18. The program moved along quite well though we seemed to be constantly behind schedule. I would offer no suggestions for improvement.

19. Very good. When I came in I did not know what to expect in a group discussion. But now I at least have a general idea. Could we have another session before next fall after the first nine weeks of group discussion. We will need a re-evaluation, I am sure, after we have worked in it awhile.

20. I felt like the program helped me identify some problems that I have faced and will again face in group situations. I do feel as if it would be of help to invite those people within the health department who are not necessarily in a supervisory position. It may prove to be a bad situation to have a supervisor or head of a department acting as a discussion leader. I would like to see more health education included in the program.

21. I was very satisfied with the organization and content of the program. Especially impressed with the variety of learning techniques practiced and the amount of different information covered in a concise but practical, applicable way.

22. This was a very interesting meeting and with all the points brought out I hope I will be able to be a successful discussion leader.

23. It was a most rewarding experience.

24. I feel much more time should have been allotted for this workshop. Seemed we skimmed over the surface of many areas and problems, but failed to dig deep in any one area. Staff at the various health departments should have been involved in the initial planning of the Continuing Education Project.

25. I know it served a purpose. It was too short.

26. No problem of yours, but obtaining TV and space and liberation of time for the study sessions is still a big problem. I hope by April 2 we can have something worked out. Truly hope your physical set-up for other sessions was not as confusing as here. The frustration and delay at the beginning was bad. The sessions was good, but I especially liked Dr. Collins.

27. How were we selected to be here? Are our Health Officers a part of basic program? Film #2 was not as good as should be.

Sandhills Community College

1. It would be helpful if a resource person could come into the local health department for an interview and feel out the staff and the health department regarding new program. The regional nursing consultant, regional health consultant and others in the Regional Office can be of help in getting these things into the counties.

2. Additional time and study needed.

3. I felt that this was a very well planned workshop. The lectures were excellent, the films were very good, and group participation was very beneficial.

4. I do think this will be well received--Wake County and well attended.

5. I think the course was very good and I think it would be wonderful if each person participating could take the course at some time. We will have to do a good selling job to the group to get them enthused about the inservice education program.

6. The meeting was beneficial in helping us to know what is expected of us as group leaders. We have already purchased our TV set, and we think the program will be accepted in our department. We anticipate no problems, since we are a small group and each member of our group has been in public health many years.

7. I think the program will be well accepted by the department. We have purchased the TV and are ready to go.

8. Our department is very interested in the ETV program. We have not yet purchased a TV. Our health director plans to do this within the next week or so.

9. I think it would be helpful for each member of every department to attend this same type class so much of the load would be lifted for the one who is to be the leader. It might be helpful for different ones to be the leader. We have our TV and we are enthusiastic! I do hope you will follow through on the suggestion of class or classes on public speaking.

10. It was a most rewarding experience.

11. I have had a three month course in group interaction, but did not enjoy it nearly as much nor did I learn as much as in this one day. I feel the enthusiasm and responsiveness of our charming teachers gave great momentum to the learning process. This has been a most rewarding experience. Our small health department may also be able to learn better communication from this--although I would not even guess whether their reaction will be positive or negative.

12. Rewarding session. I wish we could have expanded it into several sessions--with more application. I appreciated the enthusiasm of the people presenting the program. Wish we could have had more advanced publicity for individual members of staff concerning the TV series. Also wish SBH administration would give endorsement to individual members of local departments.

13. I think Donnie and Ed did a splendid job in teaching. My attention did not stray, due to the interest and enthusiasm they used. The training was very worthwhile. We are going to get a TV in our department. Our supervisor is very interested, and now I feel it is my job to sell it to the other personnel.

14. This appears to be a very good program. The acceptance of the program in our department hasn't been discussed. Our director is for education, and he is 100% for it. There will be some pit falls, but hopefully we can accomplish our goal. The money for the TV will be put in the budget in July.

15. Our department has been informed of this and as a group, as with all new things, there is a little hesitancy of this project and we will be purchasing a TV in the coming fiscal year. Our health director has been a great help in advancing this. I believe after some pitfalls this will benefit our department. It was a very constructive and helpful training session. Much thanks to our speakers.

16. All of us are here today with the permission of our health directors. If we have the support of our health directors in this "purposeful learning" project, we are all well on our way in helping to make the project successful. We are all going to benefit from this, and I think it is only a person with a mighty poor attitude who will sit through this program, which is endorsed by the health director, and not gain from it.

17. Some senior members of our staff are antagonistic to change and are voicing objection to this program. How can this problem be handled? I am referring specifically to two members of a particular county health department who felt that things should be handled in the same manner as was established 30 or more years ago and are actively resisting the implementation of this program. The attitude of these two employees is a "sore spot" with the remainder of the staff.

Central Piedmont Community College

1. Not enough role playing time. Very good.

2. I hope we can have another leadership training workshop after the programs are in operation.

3. Of the courses I have attended, I feel this is the best one. I enjoyed it very much and hope we can all get together again soon.

4. This leadership training session has been most informative. I feel that the informal presentation was very beneficial, and the knowledge gained will certainly help me in my local situation. Thank you very much for the opportunity of attending this course. The leaders were very good.

5. I found the workshop interesting, helpful, and informative. There was new information and expanded on some that I already had. I felt that we were rushing but realize that this could not be helped.

6. Program was excellent in covering such a broad complex subject in such a short time. The content was specific and to the point and practice needed to apply principles stated.

7. Good workshop--probably of more benefit if it had come earlier in the plans toward the program.

8. This was an interesting and what appears to me to be productive session. The group seems interested and serious. It is too bad the physical set up wasn't double checked before hand to assure proper coffee service and a room that could be darkened. Dr. Dutton and Dr. Collins are comfortable sorts of leaders who were very effective.

9. I enjoyed the whole discussion today and do feel that I learned some new points to use in my work.

10. A little over-simplified in a.m. in going over material--as you said we are intelligent. If the training program is a flop, we will at least have had some leadership training.

11. This has been a most interesting and informative presentation. It has stimulated an interest and deep desire to participate and a feeling of confidence.

12. This is a fine program and I hope it will really work and be of help to all workers throughout the state.

13. This training session helped solve some problems for me and pointed out some other problems.

14. I hope we can have another training session on evaluation.

15. This training session had many merits.

Lenoir County Community College

1. Without doubt this meeting has served its purpose in an introductory sense. It was informative, but also without doubt I would like to have more meetings relating to this.

2. Good thinking regarding program planning.

3. I enjoyed this program very much--very well carried out, excellent instructors.

4. Very nicely presented. Easy to understand. Excellent instructors.

5. The program as presented today was very useful in furnishing general information and descriptive examples of the purpose and intent of the ETV program. It was well presented and created much enthusiasm over the project. The role-playing part was excellent.

6. Very good.

7. The session was most enjoyable and informative. Look forward to another one.

8. I think with full cooperation and interest it can be most beneficial to the local health departments.

9. This has certainly been an experience that will be worth the time and effort. Have been looking forward to this and will give all support possible in furthering the program.

10. Many questions have been answered. Information about this program would have been helpful in interpretation when the health department staff first received notice of a continuing education project. I feel some attitudes have already been shaped due to the lack of information.

11. Health Directors should be requested to allow program to proceed as described today--not alter.

College of the Albemarle

1. I appreciated this short course, and hope that I can fulfill my obligation to support the program. I may not have many questions this date, but certainly will in the near future.

2. This was a very interesting session. I do not by any means feel qualified to fulfill the duties expected of me but I will do my

best. I also feel that the next session will be most helpful and at that time I will be more familiar with the program and have more questions.

3. I enjoyed the program today and its presentation. The environment wasn't the best possible, but I think the leaders were able to hold our attention and make it quite interesting. I am looking forward to the meeting in the future, at which time I feel that I might be able to ask questions after I have gained more knowledge in this field.

4. I enjoyed the meeting; it held my interest. The time was well spent; not tiring. The programs sound as if they will be exactly what we need. Our department is growing so--we need to learn to work together better.

5. I think the role-playing ommission was unfortunate--Noise outside distracting--Too much material for short time, especially under physical conditions, hard seats--Drs. Dutton and Collins were excellent, knew their subject and presented it well, have ability to make each person feel they are being personally addressed.

6. It was a most enjoyable meeting--very well planned and carried out. I believe it will be of great help to us all. You who worked and made this meeting possible did a fine job.

7. The conference was informative. I feel it helped me not only in the Continuing Education Project but also in community groups that I participate in by making me more aware of my responsibility as a participant in these groups.

8. Session provided much insight into roles to be played by discussion leaders and program coordinators. The theories were presented as well as possible under existing facility/time limitations. I am unable to face the impending practical applications, however, without some trepidation. But I do feel better about it all.

9. The session has been most interesting, very realistic and will help me not only as a group leader, but in interpersonal relationships with other members of my group and in working in the community. It appeared to be well planned and I feel the instructors were most qualified in their respective fields. It was well worth the time spent.

10. I thought the session went very well. It was conducted very well.

11. This has been informative and will be useful for the Department.

12. It was very interesting to me and quite the opposite of what I expected. When we began it was difficult for me to understand how a group leader could better for less participation. It is not one of my characteristics to think quickly but now I can see how important. I cannot visualize anyone being able to keep on top of the situation.

in our Department. I do hope for the best though. I must add that this session seemed very well planned.

13. I thought the session was very rewarding and served as a basic course in leading group discussions. However, it is my opinion that we will need follow-up sessions after we have had the opportunity to try these techniques in our local situations. I am sure there will be questions at that time that we will need help with in order to clarify some of the problems we encounter. Dr. Dutton and Dr. Collins did a good job of communicating under adverse conditions.

14. This session has been very informative and helpful. I am sure the TV sessions will benefit all Health Department personnel. I hope that we will be able to have another session in the future, so that we will be able to discuss problems that will come up after the TV sessions begin.

15. This was an experience of training which was so different from any previous sessions and it is hoped that I can absorb a portion to apply in work and in the continuing education programs in the future. There was so much to learn and all would be so rewarding if can apply it. Am looking forward to the next session after some experiences in our group discussions. Feel it will be more rewarding. Have enjoyed this session. Thanks!

16. Well presented--A good introduction to the project. Gives us a good idea of what is expected of group leaders and how we can become more effective as such.

17. The workshop session was very informative and I feel that the department may benefit from this type of education or learning.

18. I have thoroughly enjoyed this session today and feel that it was a very rewarding experience to me personally and that the group discussions in my department will prove beneficial and be an enjoyable and rewarding experience to us all.

19. The program was very good and interesting. The subject was covered very well. I especially think Dr. Collins is an excellent teacher.

<u>North Carolina State Board of Health</u>

1. This was a very informative day. I would like to be able to attend more classes or seminars on this subject. More information or some idea of what to expect would have been beneficial. Perhaps my lack of knowledge was my own fault. Such classes would be of benefit to all of us.

2. I thought it was planned well and presented satisfactorily. I enjoyed the role playing session most and I believe it helped me a great deal.

3. I hope we can have another one after a couple of sessions.

4. The learning experience, for me, has been unique because of the focus on areas of group dynamics is new to me. Good balance of participation among instructors.

5. Thought personnel excellent.

6. Very well planned and carried out.

7. Very good experience. Wish there had been more time to role play. I'd like to have put the principles to action. Feel I haven't had enough experience. Expect to get it in the actual sessions.

8. I hope we can have another one in the near future, but somewhat varied. It was too general, but because of time there was no other way.

9. Since the entire purpose of this program is education, I hope that others in our department, particularly those who have not had the advantages of this and other formal education past the high school level will be exposed to this type of training. I feel this is extremely important, if the educational program is to continue for 1 or 2 years.

Rockingham Community College

1. Dr. Dutton and Dr. Collins were excellent.

2. Enjoyed this meeting, felt I badly needed it. It was most informative and will be most helpful.

3. I think this workshop will help a great deal but I think we would have been better prepared if we had known more about it and the material sent to us before today. Much of the material given today will be used outside our department.

4. I think it was excellent meeting but I wish you had started promptly. The last movie could have been left out.

APPENDIX G

TABLE 10.--Summary of null hypotheses tested pertaining to the degree of value placed on the leadership training by public health workers, including chi-square values, degrees of freedom, probability levels, and whether null hypotheses were rejected

Variable	Chi-Square Value	Degrees of Freedom	Probability Level	Failed to Reject (F) or Rejected (R)
Sex	6.76	1	$P < .01$	R
Age	1.662	3	$P < .70$	F
Years of experience	4.39	3	$P < .30$	F
Number of friends	.883	2	$P < .70$	F
Formal education	7.05	1	$P < .01$	R
Previous knowledge of leadership methods and techniques	.386	1	$P < .70$	F
Professional discipline	16.81	6	$P < .02$	R
Location of training sessions in order of occurrence	29.53	9	$P < .01$	R
Whether local or state employees	.715	1	$P < .50$	F

APPENDIX H

COUNTIES NOT PARTICIPATING IN LEADERSHIP TRAINING

1. Anson
2. Beaufort
3. Bertie
4. Clay*
5. Duplin*
6. Granville
7. Greene*
8. Henderson
9. Hyde
10. Jackson*
11. Martin
12. Mitchell
13. Onslow*
14. Pender*
15. Polk
16. Richmond*
17. Swain*
18. Transylvania*
19. Vance
20. Warren*

*Outside of TV reception area

APPENDIX I

KROPP-VERNER EVALUATION SCALE*

Please follow directions carefully: Read all twenty of the following statements. Check as many statements as necessary to describe your reaction to the conference.

1. _____It was one of the most rewarding experiences I have ever had.
2. _____Exactly what I wanted.
3. _____I hope we can have another one in the near future.
4. _____It provided the kind of experience that I can apply to my own situation.
5. _____It helped me personally.
6. _____It solved some problems for me.
7. _____I think it served its purpose.
8. _____It had some merits.
9. _____It was fair.
10. _____It was neither very good nor very poor.
11. _____I was mildly disappointed.
12. _____It was not exactly what I needed.
13. _____It was too general.
14. _____I am not taking any new ideas away.
15. _____It didn't hold my interest.
16. _____It was much too superficial.
17. _____I leave dissatisfied.
18. _____It was very poorly planned.
19. _____I didn't learn a thing.
20. _____It was a complete waste of time.

*Dr. R. Kropp and Dr. C. Verner, Florida State University

IF YOU WISH, ADD ANY COMMENTS ON REVERSE SIDE OF THIS PAGE.

INDIVIDUAL INFORMATION

SEX
_____Male
_____Female

AGE GROUP
_____Under 20 years
_____20 - 30 years
_____30 - 40 years
_____40 - 50 years
_____Over 50 years

EXPERIENCE IN PUBLIC HEALTH WORK
_____Under 1 year
_____1 - 5 years
_____5 - 10 years
_____10 - 20 years
_____20 - 30 years
_____Over 30 years

NUMBER OF FRIENDS IN THE COUNTY IN WHICH YOU WORK
_____0 - 1
_____2 or 3
_____4 to 10
_____Quite a few
_____Many

FORMAL EDUCATION
(Indicate highest level attained)
_____Doctor's Degree
_____Master's Degree
_____Bachelor's Degree
_____Two to four years college
_____One to two years of college
_____Less than one year of college
_____High School graduate
_____Technical School graduate
_____Secretarial school graduate
_____Two to five years high school
_____One to two years high school
_____Passed High School Equivalence Test
_____Grade School graduate
_____Had less than eight years

PREVIOUS KNOWLEDGE OF LEADERSHIP METHODS AND TECHNIQUES
_____Had one or more academic courses
_____Had one or more short courses
_____Studied individually
_____Learned by experience
_____Have little knowledge
_____Have no knowledge

DISCIPLINE
_____Medicine
_____Dentistry
_____Scientific Administration
_____Public Health Administration
_____Sanitary Engineering
_____Sanitation
_____Nursing
_____Physical Therapy
_____Nutrition
_____Chemistry
_____Microbiology
_____Medical Technology
_____Parasitology
_____Public Health Education
_____Social Work
_____Mental Health
_____Biostatistics
_____Secretarial
_____Records
_____Other (_____)

APPENDIX J

Leadership Workshop for Group Discussion Leaders
Public Health Continuing Education Project

Presented by

--North Carolina State Board of Health
--Southern Branch American Public Health Association by a grant from the U. S. Public Health Service

In Cooperation With

--Davidson County Community College
--Continued Education Service, School of Public Health University of North Carolina, Chapel Hill
--North Carolina Public Health Association

March 14, 1968
Davidson County Community College
Lexington, North Carolina

8:30 a.m. - Registration
8:45 a.m. - Orientation
9:05 a.m. - Role-Playing
9:30 a.m. - Lecture: "Differences Among Leadership Styles"
9:40 a.m. - Film: "Anatomy of a Group"
10:30 a.m. - Break
10:40 a.m. - Film: "How to Conduct a Discussion"
11:40 a.m. - General Discussion of the Responsibilities of a Discussion Leader for Task and Group Maintenance
12:00 noon - Lunch

During lunch, participants will read brief handout on typical problems emerging in group discussion.

1:15 p.m. - Discussion of Handout
1:45 p.m. - Role-Playing
2:50 p.m. - Break
3:00 p.m. - Role-Playing Continued
4:00 p.m. - Final Problem Census, Concluding Remarks, and Evaluation
4:30 p.m. - Adjournment

Resource Persons and Staff

Eugene R. Watson, Ph.D., Associate Professor of Adult Education
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Southern Branch American Public Health Association
Wanda D. Lewis, Secretary

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